

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO. 10 673239

FILING DATE 09-20-03

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2	1					
3		1				
4		1				
5	1					
6	1					
7		1				
8		1				
9		1				
10	1					
11		1				
12		1				
13		1				
14		1				
15	1					
16	1					
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50						
TOTAL IND.	7					
TOTAL DEP.	12					
TOTAL CLAIMS	19					

	IND		DEP		IND		DEP		IND		DEP	
	IND	DEP	IND	DEP	IND	DEP	IND	DEP	IND	DEP	IND	DEP
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